Massachusetts Nongroup Health Insurance

Guaranteed Issue Plan Rates for the Period Between December 1, 2003 and November 30, 2004

			Sample Monthly Rates							
Company	Plan	Plan Name	Single 25 Yr Old		Family		Two Adults			
					35 Yr Old w/Sp+2 Children		63 Yr Old w/60 Yr Old Spouse			
			Boston	Springfield	Boston	Springfield	Boston	Springfield		
Blue Cross and Blue Shield	Pref Prov Plan	\$250 Deductible	\$466.01	\$410.43	\$1,101.18	\$969.85	\$1,665.13	\$1,466.53		
including HMO Blue		\$5000 Deductible	\$225.50	\$198.61	\$532.86	\$469.30	\$805.74	\$709.64		
Consumer Sales	HMO Plan	Standard	\$369.51	\$325.44	\$873.15	\$769.02	\$1,320.31	\$1,162.85		
401 Park Drive, 01-06		Value	\$294.68	\$259.53	\$696.31	\$613.27	\$1,052.92	\$927.34		
Boston, MA 02215-3326										
1 800 422-3545										
Website:	www.bluecrossma	com								
Enhanced Benefits (if any):	Mail order drug program.									
Premium by Geographic Area?	Yes.									
Payment Mode Discount?	No, only monthly rates are available.									
Only available through associations?	No.									
2003-2004 Enrollment:	May contain up to a 6-month waiting period depending on prior creditable coverage.									

CICNA Haalth Cana	IIMO Dlan	HMO Plan	#207.56	Φ412.7 <i>C</i>	Ø1 460 01	Ø1.50C.15	¢1 207 72	¢1.252.02	
CIGNA HealthCare	HMO Plan	HMO Plan	\$397.56	\$412.76	\$1,469.91	\$1,526.15	\$1,207.72	\$1,253.92	
of Massachusetts, Inc.									
(d.b.a. Healthsource Massachusetts)									
100 Front Street, Suite 300	**** NOTE: FAMILY RATE IS FOR ONE SINGLE COVERAGE AND ONE ADULT WITH CHILDREN COVERAGE								
Worcester, MA 01608	TRA	DITIONAL FAMILY RA	ΓΕ MAY BE M	ORE; TWO	ADULT RATE	IS FOR TWO	SEPARATE		
1 800 244-1870	SIN	GLE COVERAGES							
Enhanced Benefits (if any):	None.								
Premium by Geographic Area?	Yes.								
Payment Mode Discount?	No, only monthly rates are available.								
Only available through associations?	No.								
2003-2004 Enrollment:	May contain up to a 6-month waiting period depending on prior creditable coverage.								